

**TITLE IV-E FOSTER CARE &
MEDICAID INITIAL EVALUATION**

Date Received	OASIS #
	ADAPT #
County/City	VACIS #
	MMIS #

I. Identifying Information

Child's Name _____ **Date of Birth** _____

Child's Address _____

II. IV-E Foster Care Eligibility Evaluation

A. Conditions of Initial Eligibility

1. Voluntary Placement Agreement (VPA)

Select the appropriate type of agreement and enter the date.

___ Permanent Entrustment _____/_____/_____

___ Temporary Entrustment _____/_____/_____

___ Noncustodial Agreement _____/_____/_____

Copy of Agreement in Record? ☐ Yes ☐ No

(If the signed agreement is in the case record and the child has been in care less than 180 days, go to Section B. Eligibility based on voluntary agreements cannot exceed 180 days without a judicial determination of "contrary to welfare." If the child has been in care more than 180 days, go to Section 2 below.)

OR

2. Court-Ordered Removal/Required Judicial Language

Select the type of initial court order authorizing removal of the child and enter the date.

___ Emergency Removal Order (ERO) _____/_____/_____ ___ Child in Need of Service (CHINS) _____/_____/_____

___ Preliminary Removal Order (PRO) _____/_____/_____ ___ Delinquency Order _____/_____/_____

___ Regular Custody Order _____/_____/_____ ___ Other Order _____/_____/_____

Copy of Court Order in Record? ☐ Yes ☐ No

Verify that the following required language is in the order.

a. The order contains a statement to the effect that "placement is in the best interest of the child" or "continuation in the home is contrary to the welfare of the child." ☐ Yes ☐ No

b. The order contains a statement to the effect that "reasonable efforts were made to prevent removal" or "due to the existing emergency, reasonable efforts were not possible to prevent removal" (not required if the child entered care through a VPA). ☐ Yes ☐ No

(If required statement(s) are in the court order, go to section B. If not, the child is not Title IV-E eligible. Go to Section E.)

B. IV-E Nonfinancial Requirements

1. Residence

Is the child a resident of Virginia? ☐ Yes ☐ No

Documentation _____

2. Citizenship/Alien Status

U.S. Citizenship _____ Qualified Alien _____ Unqualified Alien _____ Undocumented Alien _____

Documentation

3. Specified Relative/Removal Home

Date the child last lived with a parent/specified relative prior to the current foster care episode _____

Was the child living with the above-named parent or relative within six months of the initiation of court proceedings or the voluntary placement agreement? ☐ Yes ☐ No

Was the child living with and removed from the same specified relative? ☐ Yes ☐ No

If yes, enter the name of the parent/relative _____ and the removal date _____

AFDC assistance unit composition _____

Documentation

(If not removed within six months of the eligibility month, the child is not Title IV-E eligible. Go to Section E.)

4. Age/School Enrollment

___ Under age 18 **or** ___ Age 18 and expected to complete program by month of 19th birthday

Copy of birth certificate in record? ☐ Yes ☐ No If other document used, specify below.

Documentation

(If over the age limit, the child is not Title IV-E eligible. Go to Section E.)

5. Deprivation Factor

___ Parental Death - Mother ___ Parental Death - Father
___ Parental Absence - Mother ___ Parental Absence - Father
___ Parental Disability - Mother ___ Parental Disability - Father
___ Parental Unemployment – Mother ___ Parental Unemployment – Father

Documentation

(If no deprivation exists, child is not Title IV-E eligible. Go to Section E.)

C. IV-E Financial Need

1. Income

Countable Income _____

Check systems inquired and explain findings below VEC _____ DMV _____ SVES _____ ADAPT _____ APECS _____

Deemed Income ☐ Stepparent ☐ Ineligible Alien Parent ☐ Name _____

Monthly gross countable earned income	\$ _____
Subtract \$90 work expense	- _____
Subtotal	\$ _____
100% income standard for _____ household members claimed as tax dependents (excluding assistance unit members)	- _____
Support paid for tax dependents not in home	- _____
Alimony or child support paid to non-tax dependents not in household	- _____
Subtotal	+ _____
Add monthly unearned income	\$ _____
Total Deemed Income	\$ _____

Income Calculation

Total gross countable earned income of AFDC assistance unit	\$ _____
Add total countable unearned income (including deemed income)	+ _____
Amount of countable income	\$ _____
185% of the AFDC income standard for the AFDC assistance unit	\$ _____
Total equals or is less than 185% of the AFDC income standard?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Resources

Countable Resources _____

Amount of AFDC unit's available resources \$ _____ Does the unit meet the resource limit? ☐ Yes ☐ No

(If all of the IV-E eligibility requirements are met, go to Section D.)

D. Conditions of IV-E Reimbursability for Current Placement

1. **Placement Met?** Yes ☐ No ☐ _____

Select the type of facility in which the child resides

Reimbursable Placements (Maintenance and Administrative Claims)

- ☐ Fully licensed or Approved Foster Home
☐ Fully licensed or Approved children's residential facility
☐ Public institution serving 25 children or less

Nonreimbursable Placements (Administrative Claims Only)

- ☐ Unlicensed or Unapproved Foster Home/Facility
☐ Unlicensed relative placement
☐ Public Institution -- over 25 children
☐ Hospital
☐ Detention Center
Trial home visit for: ☐ Six months
☐ Period specified by court. Period of visit _____
☐ Child has run away. Date left _____

Verification of licensed or approved status provided by the Service Worker _____

2. **Deprivation Met?** ☐ Yes ☐ No _____

3. **Resources Within \$10,000 Limit?** ☐ Yes ☐ No _____

4. **Income Under Limit?** ☐ Yes ☐ No _____

185% of the child's needs in foster care	\$ _____
Total gross countable income of the IV-E child	- _____
Deficit <input type="checkbox"/> Yes - IV-E reimbursable.	\$ _____
<input type="checkbox"/> No - IV-E nonreimbursable	
Payment equals total needs in foster care	\$ _____

E. Title IV-E Eligibility/Reimbursability Decision (Check one)

The child is (check one)

- ☐ Not IV-E eligible. Reason _____.
- ☐ IV-E eligible. IV-E eligibility effective date is _____
- ☐ Not IV-E reimbursable for any months since entering care. Reason _____
- ☐ IV-E reimbursable for all months since entering care. The IV-E reimbursability effective date is _____
- ☐ IV-E reimbursable for part of the time since entering care. Months reimbursable _____
- ☐ The child appears not eligible for Title IV-E, but a remedy may exist. Additional information needed (specify) _____

F. Changes in Eligibility, Reimbursability, and Payment Amount

Date	Age	Amount of Payment	Change in Status or Payment	Reason for Change

III. Medicaid

Date Medicaid application received _____ Retroactive period? _____

☐ Child is Title IV-E eligible (maintenance payment made) and meets IV-E Medicaid covered group. Go to Section C below.

☐ Child is not Title IV-E eligible (no maintenance payment made) and does not meet IV-E Medicaid covered group; evaluate for other Medicaid covered groups.

Medicaid Nonfinancial Information

Citizenship/alien status requirements met? ☐ Yes ☐ No Institutional status requirements met ☐ Yes ☐ No

Social Security number provided ☐ Yes ☐ No

B. Medicaid Financial Information

1. Income

List child's income source(s), amounts, frequency, and verification

Child's countable income _____ MI income limit _____ Eligible in MI covered group? ☐ Yes ☐ No

(If yes, go to Section C. If no, go to Section IV- to evaluate for FAMIS.)

2. Medicaid Resources (for MN evaluation, if required)

List child's resources, amounts, and verification

Child's countable resources _____ Resource limit _____ Eligible? ☐ Yes ☐ No; If yes, calculate spenddown

C. Medicaid Disposition

1. Medicaid Eligibility Established

Begin date _____

Covered Group

___ IV-E foster care

___ MI child under age 19

2. Medicaid Eligibility Not Established

___ MN Individuals Under Age 21; Spenddown Amount _____

Spenddown Budget Period _____

___ Other; Explain _____

IV. FAMIS

A. FAMIS Nonfinancial Information

Does child have creditable health insurance ☐ Yes ☐ No Is child in an IMD ☐ Yes ☐ No

B. FAMIS Financial Information FAMIS Income Limit _____ Eligible for FAMIS ☐ Yes ☐ No

C. FAMIS Disposition

FAMIS Eligibility Established Begin Date _____

FAMIS Eligibility Not Established. Reason _____

Worker/Supervisor Authorization _____ **Date** _____

TITLE IV-E FOSTER CARE & MEDICAID INITIAL EVALUATION FORM

FORM NUMBER – 032-03-635/1

PURPOSE OF FORM – The form is used to evaluate initial eligibility and reimbursability for IV-E foster care, initial eligibility for IV-E adoption assistance, and initial eligibility for Medicaid.

USE OF FORM – Complete the information on the form, using information received from the service worker on the Title IV-E Foster Care & Medicaid Application/Redetermination form (032-03-636) and from other available sources.

NUMBER OF COPIES – Complete one copy.

DISPOSITION OF FORM – The form is to be filed in the eligibility case record.